

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Franklin E. Long

DEFENDANT
Diversified Collection Services, Inc.

RECEIVED
DEPT. OF JUSTICE
COURT CASE NUMBER
3:09 CV 01778
JZ
2009 DEC 18 P 3:09
TYPE OF PROCESS
Summons and complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Diversified Collection Services, Inc. C/O CT Corporation System
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1300 East Ninth Street, Cleveland OH 44114
UNITED STATES MARSHAL
NORTHERN DISTRICT OHIO
TOLEDO, OHIO

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Frank Long
461 W Lytle St #130
Fostoria OH 44830

Number of process to be
served with this Form 285

Number of parties to be
served in this case

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please be sure to include the "C/O CT Corporation System" in the address.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

567-245-0079

DATE

12/7/09

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

1

District of
Origin
No. 60

District to
Serve
No. 60

Signature of Authorized USMS Deputy or Clerk

Stu C. Lill

Date

12/8/09

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion,
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date
12/23/09
Time
12:00
☐ am
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal
(Amount of Refund)

REMARKS:

Cert. Mail

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here 12/8/09
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Diversified Coll. Serv. c/o CT Corp
 Street, Apt. No., or PO Box No. 1300 E. Ninth St.
 City, State, ZIP+4 Cleveland, OH 44114

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <u>Kelly R. Walker</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>CT Corporation System</u> <u>1300 East 9th Street</u></p> <p>B. Received by (Printed Name) <u>Cleveland</u> Date of Delivery <u>DEC 23 2009</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>Diversified Collection Service</u> <u>c/o CT Corporation System</u> <u>1300 E. Ninth St.</u> <u>Cleveland, OH 44114</u></p> <p>3:09CV1778</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7003 3110 0001 7733 6677</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540